

<div>R0-2CF</div> <div>RC</div>		<div>MASSACHUSETTS DEPARTMENT OF REVENUE</div> <div>MONTHLY ROOM OCCUPANCY RETURN FOR BOSTON, CAMBRIDGE, CHICOPEE, SPRINGFIELD, WEST SPRINGFIELD AND WORCESTER</div> <div>YOU MUST FILE THIS FORM EVEN THOUGH NO TAX MAY BE DUE.</div>			CITY/TOWN NAME:				
FEDERAL IDENTIFICATION NUMBER		BE SURE THIS RETURN COVERS THE CORRECT PERIOD		FOR MONTH	CITY/TOWN CODE	1. TOTAL RENTS	1.		
		<input type="checkbox"/> Check here if EFT payment.				2. TAXABLE RENTS	2.		
IF ANY INFORMATION IS INCORRECT, SEE INSTRUCTIONS.	<input type="checkbox"/> Check if final return and you wish to close your room tax account.						STATE (a)	LOCAL (b)	CCF (c)
						3A. STATE TAX DUE (LINE 2 X .057)	3a.		
						3B. LOCAL TAX DUE (LINE 2 X .0)		3b.	
						3C. CCF FEE DUE (LINE 2 X .0275)			3c.
						4. PENALTY	4a.	4b.	4c.
					5. INTEREST	5a.	5b.	5c.	
					6. AMOUNT DUE (ADD LINES 3, 4 & 5)	6a.	6b.	6c.	
Return is due with payment on or before the 20th day of the month following the month indicated above. Make check payable to Commonwealth of Mass. Mail to: Massachusetts Department of Revenue, PO Box 7041, Boston, MA 02204-7041.						7. TOTAL AMOUNT DUE (ADD LINES 6A, 6B & 6C)	7.		
I declare under the penalties of perjury that this return (including any accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is a true, correct and complete return.									
Signature		Title		Date					

